PTO/SB/22 (12-04)
Approved for use through 7/31/2006. OMB 0651-0031
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| PETITION F | OR EXTENSION OF TIME UNDER 37 | Docket Number (Optional) | | | | | | |
|--|---|-----------------------------|----------------------------------|---------------------|--|--|--|--|
| | FY 2005 | IMMR-IMD0002E | | | | | | |
| > \ | rsuant to the Consolidated Appropriations Act, 200 | | 0000 | | | | | |
| nul' | umber 10/657,144 | | Filed September 9, | | | | | |
| For Interf | face Device and Method for Interfacing Instr | ruments to Medical | Procedure Simulation S | ystems | | | | |
| Art Unit 37 | 714 | | Examiner John Soto | mayor | | | | |
| application. | st under the provisions of 37 CFR 1.136(a) to ext | | | | | | | |
| The requested | extension and fee are as follows (check time per | riod desired and enter | the appropriate fee below) | : | | | | |
| | • | <u>Fee</u> | Small Entity Fee | | | | | |
| | One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | \$ | | | | |
| | ∑ Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 | \$ <u>450.00</u> | | | | |
| | ☐ Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510 | \$ | | | | |
| | Four months (37 CFR 1.17(a)(4)) | \$1590 | \$795 | \$ | | | | |
| | Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 | \$ | | | | |
| | | 1 09/08 | 3/2005 BABRAHA1 00000031 | 10657144 | | | | |
| Applican | ıt ¢ laims small entity status. See 37 CFR 1. | 27 | ::1252 | 450.00 0 | | | | |
| A check | in the amount of the fee is enclosed. | VIII | LJL | , | | | | |
| Payment by credit card. Form PTO-2038 is attached. | | | | | | | | |
| ☐ The Dire | ctor has already been authorized to charge | fees in this applica | ation to a Deposit Accou | nt. | | | | |
| ☐ The Dire | ctor is hereby authorized to charge any fee | s which may be red | quired, or credit any over | payment, to | | | | |
| WARNING | Account Number <u>50-1698</u> . I have enclosed 3: Information on this form may become publi 3: Provide credit card information and authorize | ic. Credit card infor | mation should not be incl | uded on | | | | |
| I am the | applicant/inventor. | • | | | | | | |
| | assignee of record of the entire interest. See 37 CFR 3.71 | | | | | | | |
| | Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | | | | | |
| | | stration Number <u>45.</u> | 241 | | | | | |
| | attorney or agent under 37 CFR 1. | .34. | | | | | | |
| | registration number if acting under 37 (| CFR 1.34 | | | | | | |
| 0 | | | 8/21/05 | | | | | |
| | | | Date | | | | | |
| | ames M. Wu, Reg. No. 45,241 | • | (408) 292-5800 | | | | | |
| | Typed or printed name | | Telephone Number | | | | | |
| | s of all the inventors or assignees of record of the entire gnature is required, see below. | e interest or their represe | entative(s) are required. Submit | t multiple forms if | | | | |
| | 1 forms are submitted. | | | | | | | |

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA.22313-1450. DO NOT SEND FEES OR COMPLETEDFORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Approved for use through 07/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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| | | | | _ |
|---|--|----------------------|-------------------|---|
| 7 | Effective on 12/08/2004. The spursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL for FY 2005 | . Complete if Known | | |
| 1 | Para To An Old TT Al | Application Number | 10/657,144 | |
| | FEE TRANSMITTAL | Filing Date | September 9, 2003 | |
| 9 | for FY 2005 | First Named Inventor | David Alexander | |
| ı | Applicant claims small entity status. See 37 CFR 1.27 | Examiner Name | John Sotomayor | |
| ı | | Art Unit | 3714 | |
| 1 | TOTAL AMOUNT OF PAYMENT (\$) 450.00 | Attorney Docket No. | IMMR-IMD0002E | |
| | | | | _ |

| M | METHOD OF PAYMENT (check all that apply) | | | | | | | |
|---|---|---------------|-----------------------|------------------------|---------------------|-----------------|-------------------------|----------------------|
| \boxtimes | □ Check □ Credit Card □ Money Order □ None □ Other (please identify) : | | | | | | | |
| \boxtimes | Deposit Account Dep | osit Account | t Number: 50-16 | 98 | Deposit Account | Name: Thele | en Reid & Priest | LLP |
| | For the above-ide | entified depo | sit account, the | Director is hereby | authorized to: (che | eck all that ap | ply) | |
| | Charge fe | e(s) indicate | d below | | Charge f | ee(s) indicate | d below, except | t for the filing fee |
| | Charge an | v additional | fee(s) or under | ayments of fee(s) | Credit ar | ny overpayme | nts | |
| | | CFR 1.16 at | nd 1.17 | | | | | odit card |
| | ARNING: Information on th ormation and authorization | | | redit card information | on should not be in | | TOTAL PROVIDE CIE | ent card |
| FE | E CALCULATION | | | | | | | |
| 1. | BASIC FILING, SEA | | | | | | | |
| | | FILING F | EES Small Entity | SEARCH | FEES Small Entity | | ATION FEES Small Entity | |
| | Application Type | Fee (\$) | Fee(\$) | Fee(\$) | Fee(\$) | Fee(\$) | Fee(\$) | Fees Paid (\$) |
| | Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| | Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| | Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| | Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| | Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |
| 2. | EXCESS CLAIM FE | ES | | | • | | | Small Entity |
| | Fee Description | | | | | | <u>Fee (\$)</u> | Fee (\$) |
| | Each claim over 20 (inc | | | | | | 50 | 25 100 |
| | Each independent claim over 30 (including Reissues) Multiple dependent claims 360 | | | | | | 180 | |
| | Multiple dependent ciams. | | | | | | | Dependent Claims |
| | 20 -20 or HP= x = Fee (\$) | | | | | Fee Paid (\$) | | |
| HP = highest number of total claims paid for, if greater than 20. | | | | | | | | |
| | Indep. Claims | Extra C | | | Paid (\$) | | • | |
| | <u>4</u> - 4 or HP= | · | . × _ | = _ | | | | |
| | HP = highest number of | • . | claims paid for, if g | reater than 3. | | | | • |
| 3. APPLICATION SIZE FEE | | | | | | | | |
| - 1 | If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 | | | | | | | |
| | sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | |
| Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) | | | | | | | | Fee Paid (\$) |
| | 100 = / 50 = (round up to a whole number) x = | | | | | | | |
| 4. | OTHER FEE(S) | | | | | | | Fees Paid (\$) |
| | | | | all entity discount) | | | | |
| Other (e.g., late filing surcharge): (1252) Ext. of time w/second month | | | | | | <u>450.00</u> | | |

| SUBMITTED BY | | | | |
|-------------------------------|-----|--|-----------|----------------|
| Signature | | Registration No. (Attorney/Agent) 45,241 | Telephone | (408) 292-5800 |
| Name (Print/Type) James M. Wu | XI. | | Date 8 | 31/05 |

This collection of information is required by 37/2FR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122/nd 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.